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Attorneys for Defendants Stewart Charitable Remainder
Unitrust (Gary Stewart-Trustee); Stewart Charitable
Remainder Unitrust (Ilene Stewart-Trustee); Gary L. Stewart;
Novak Partnership, aka a California Limited Partnership
(Alyce Novak-General Partner); Suzanne Rosen; Ilene Stewart;
Kelly E. Sinon

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

----- X

OLD LADDER LITIGATION CO., LLC, as :
Litigation Designee on behalf of the :
Liquidation Trust, :

08 Civ. 0876 (RMB) (THK)

Plaintiff, :

-against- :

Investcorp Bank B.S.C., et al., :

Defendant. :

**DECLARATION OF GARY STEWART
IN SUPPORT OF DEFENDANTS' JOINT
MOTIONS TO TRANSFER VENUE AND
TO DISMISS THE COMPLAINT**

----- X

I, Gary Stewart, declare as follows:

1. Ilene Stewart ("Ilene") is named as a defendant in the above action.
2. I was Ilene's husband.
3. I make this declaration in support of *Defendants' Joint Motions to*

Transfer Venue and to Dismiss the Complaint.

4. I have personal knowledge of the facts set forth below, and if called as a witness, I could and would competently testify thereto.

5. Ilene resided in Escondido, California at the time of her death, thereby making her a California domiciliary.

6. Ilene died in California on July 24, 2002 as reflected in her Certificate of Death ("Certificate"). A true and correct copy of the Certificate is attached hereto as Exhibit "A" and incorporated herein by reference.

I declare under penalty of perjury that the foregoing is true and correct, and that this declaration was executed this ____ day of May, 2008 at Escondido, California.

Dated: May ____, 2008

Gary Stewart

("Certificate"). A true and correct copy of the Certificate is attached hereto as Exhibit "A" and incorporated herein by reference.

I declare under penalty of perjury that the foregoing is true and correct, and that this declaration was executed this ____ day of May, 2008 at Escondido, California.

Dated: May 30, 2008

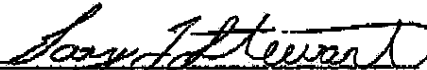

Gary Stewart

Exhibit “A”

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A

SANTA ANA, CA 92701

CERTIFICATE OF DEATH

3 2002 30 010242

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
ILENE		JOYCE		STEWART	
4. DATE OF BIRTH M/M/D/C/C/Y		5. AGE YRS.		6. SEX	
08/02/1945		56		FEMALE	
7. DATE OF DEATH M/M/D/C/C/Y		8. HOUR		9. EST 1618	
07/24/2002					
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
NY		122-34-7559		MARRIED	
13. EDUCATION—YEARS COMPLETED		14. RACE		15. USUAL EMPLOYER	
16		WHITE		SANDIA NATIONAL LABORATORIES	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
CONTRACT ADMINISTRATOR		RESEARCH		15	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)		21. CITY		22. COUNTY	
3586 PRINCE STREET		ESCONDIDO		SAN DIEGO	
23. ZIP CODE		24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY	
92025		5		CA	
26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
GARY L. STEWART/HUSBAND		3586 PRINCE STREET/ESCONDIDO, CA 92025			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
GARY		LEE		STEWART	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
ALAN				NOYAK	
34. BIRTH STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE	
NY		ALYCE			
37. LAST (MAIDEN)		38. BIRTH STATE		39. BIRTH STATE	
KAPLAN		NY		NY	
40. DATE M/M/D/C/C/Y		41. PLACE OF FINAL DISPOSITION			
08/01/2002		RES: GARY L. STEWART, 3586 PRINCE STREET/ESCONDIDO, CA 92025			
42. TYPE OF DISPOSITION		43. SIGNATURE OF EMBALMER		44. LICENSE NO.	
CR/RES		NOT EMBALMED			
45. NAME OF FUNERAL DIRECTOR		46. LICENSE NO.		47. DATE M/M/D/C/C/Y	
NEPTUNE SOCIETY/RIVERSIDE		FD 1307		07/31/2002	
48. PLACE OF DEATH		49. IF HOSPITAL, SPECIFY ONE		50. FACILITY OTHER THAN HOSPITAL	
DRAINAGE DITCH		IF <input type="checkbox"/> HOSP <input type="checkbox"/> ERIOP <input type="checkbox"/> OGA		CONV. <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
51. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		52. CITY		53. COUNTY	
BEHIND: 31896 CAMINO CAPISTRANO		SAN JUAN CAPISTRANO		ORANGE	
54. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		55. TIME INTERVAL BETWEEN ONSET AND DEATH		56. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (A) THERMAL INJURIES		MINUTES		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DUE TO (B) VEHICLE FIRE		MINUTES		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO (C)				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DUE TO (D)				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 54		58. DEATH REPORTED TO CORONER		59. DEATH REPORTED TO CORONER	
HYPERTROPHIC CARDIOMYOPATHY WITH CARDIOMEGALY; HEPATOMEGALIC STEATOSIS; MODERATE ARTERIOSEPHROSCLEROSIS; TUBERCULOSIS, UTERI		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
60. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 57 OR 58? IF YES, LIST TYPE OF OPERATION AND DATE.		61. SIGNATURE AND TITLE OF CERTIFIER		62. LICENSE NO.	
NO		J. J. H. / TC		4267M	
63. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		64. SIGNATURE OF CORONER OR DEPUTY CORONER		65. DATE M/M/D/C/C/Y	
66. MANNER OF DEATH		67. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		68. INJURY AT WORK	
NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ACCIDENT <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/>				INJURY DATE M/M/D/C/C/Y	
PASSENGER OF MOTORHOME/ROLLOVER				07/24/2002	
69. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		70. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		71. PLACE OF INJURY	
BEHIND: 31896 CAMINO CAPISTRANO		SAN JUAN CAPISTRANO, CA 92675		DRAINAGE DITCH	
72. SIGNATURE OF CORONER OR DEPUTY CORONER		73. DATE M/M/D/C/C/Y		74. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
J. J. H. / TC		07/25/2002		DEPUTY CORONER RODNEY M. THOMAS	
75. STATE REGISTRAR		76. FAX AUTH. #		77. CENSUS TRACT	
		4267M			

CERTIFIED COPY OF VITAL RECORDS

1172879

STATE OF CALIFORNIA } SS
COUNTY OF ORANGE

DATE ISSUED

AUG 13 2002

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

MARK B. HORTON, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
 : ss.:
COUNTY OF NEW YORK)

Kenneth J. Horrmann, being duly sworn, deposes and says:

1. I am not a party to the action, am over 18 years of age and am employed by
Skadden, Arps, Slate, Meagher & Flom LLP, Four Times Square, New York, NY 10036.

2. On June 2, 2008, I served the following:

- *Notice of Motion,*
- *Opening Memorandum of Law in Support of Defendants' Joint Motions to Transfer Venue and to Dismiss the Complaint,*
- *Declaration of Michael D. Brooks,*
- *Declaration of Anthony W. Clark,*
- *Declaration of David M. Conn,*
- *Declaration of Daniel M. DiDomenico,*
- *Declaration of John J. Dylik,*
- *Declaration of Christopher G. Filardi,*
- *Declaration of Bruce B. Fischer,*
- *Declaration of Karen R. Garcell,*
- *Declaration of Vincent J. Garcell,*
- *Declaration of Edward W. Gericke,*
- *Declaration of Timothy K. Lewis,*
- *Declaration of Neal R. Martin,*
- *Declaration of Lisa A. Pressler,*
- *Declaration of John M. Remmers,*
- *Affidavit of Steven P. Richman,*
- *Declaration of Christopher J. Stadler,*
- *Declaration of Gary Stewart,*
- *Declaration of Thomas J. Sullivan,*
- *Declaration of Gregory W. Werkheiser,*
- *Declaration of Eric J. Werner; and*
- *Declaration of Michael S. Wong*

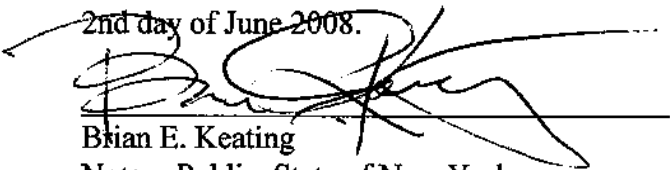
by first-class mail by depositing same in a post-paid properly addressed envelope, in an official
depository under the exclusive care and custody of the U.S. Postal Service within the State of
New York upon:

Kevin C. Walz
8045 Bainbrook Drive
Chagrin Falls, OG 44023

David A. Cardillo
23 St. Glory Road
Greenville, PA 16125

Kenneth J. Horrmann
Kenneth J. Horrmann

Sworn to before me this
2nd day of June 2008.



Brian E. Keating
Notary Public, State of New York
No. 01KE5009535
Qualified in Westchester County
Certificate Filed in New York County
Commission Expires March 15, 2011